

Ogmore and Garw  
Urban District Council

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REPORT

OF THE

Medical Officer of

Health

For the Year 1953





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Mrs. THOMAS, Mr. CHAIRMAN and GENTLEMEN.

The time has come once again for me to present to you my annual report in accordance with circular 2/53 Wales, and it gives me pleasure so to do.

The greatest problem which has confronted the Council during the past year has been that of housing. Enormous damage has been caused by subsidence and the labour force to deal with repairs occasioned by same has been totally inadequate.

There was a slight decrease in the birth rate and a very slight reduction in the death rate. Although the infantile mortality rate is still high, there has been a considerable decrease on the previous year's rate. Here again the greatest loss is shown in the first month.

There was no concentrated epidemic although the outbreak of gastro-enteritis which occurred during the previous year had not quite cleared up at the beginning of the year dealt with in this report.

Whooping-cough immunisation was started in April and there has been a very good response. It will be interesting to note the results of this move.

Four cases of food poisoning were notified, but the incidence was confined to three families and was successfully controlled.

At this juncture, I must pay tribute to the ready assistance given by the food traders who have shown a great desire to be educated in the clean handling of food. They have shown great eagerness to apply their theoretical knowledge to the practical side of their businesses.

The expected decrease in the notifications of tuberculosis has unfortunately not come about but this is general throughout the county. Considerable numbers were screened by the Mass Radiography unit. In fact 87 per cent of the inhabitants of Pontycymmer and Blaengarw were X-rayed.

Sanitation in mines and canteens has been given a considerable amount of attention throughout the year.

The outstanding success of the Ogmore Valley Old People's Welfare Committee has been bruited abroad and reference to its work as a pattern for other areas was made in the Annual Report for 1953 of the Council of Social Services for Wales and Monmouthshire (Inc.), Old People's Welfare Section. During the year the miners of the Ogmore Valley agreed to a deduction from their weekly pay towards the welfare fund. It is likely that in due course other sections of the community will make similar allocations and the example will be followed no doubt in other areas. The Garw Branch was inaugurated later, but is making rapid strides. A building at the Ffaldau Colliery is to be given for the use of the old people.

The Department has been greatly handicapped by the enforced absence through illness of the Senior Sanitary Inspector. This has meant an increase in work for all the remaining officials. We were fortunate in obtaining the very efficient services of Mr. Shave during the all too short period of two months.

The sustained interest shown by the Members of the Public Health Committee is clearly demonstrated by their activities both inside and outside the meetings. It makes the work of the Medical Officer so much easier and more worth while when he has the committee united with him in the fight for the betterment of the people for whose welfare he is responsible. I am, indeed, lucky in that all are unsparing in their efforts to assist me in every way in my earnest desire to be able to present in succeeding years an ever more optimistic report on the well-being of the community. I thank you all, Members and Officials.

## PUBLIC HEALTH COMMITTEE

*Chairman :*

Councillor C. POLMEER

Councillor Mrs. H. W. Thomas  
 Councillor Thomas Thomas  
 Councillor W. Ll. Rees  
 Councillor Leo. Williams  
 Councillor T. J. Lewis  
 Councillor J. Lawrence  
 Councillor Vincent Evans  
 Councillor G. H. Rhodes  
 Councillor D. R. Williams  
 Councillor B. J. Owen

Councillor D. J. Richards  
 Councillor R. G. John  
 Councillor T. J. Fisher  
 Councillor W. Jones, J.P.  
 Councillor A. Palfreman  
 Councillor Ivor Thomas  
 Councillor W. J. Stephens  
 Councillor W. J. Davey  
 Councillor Thos. Evans  
 Councillor F. B. Wood

## STAFF

### *Public Health Officers of the Authority :*

#### (a) MEDICAL

##### *Medical Officer of Health :*

B. T. JONES, L.M.S.S.A. (Lond.), D.P.H. (Edin.)

#### (b) SANITARY INSPECTORS

##### *Senior Sanitary Inspector :*

O. L. THOMAS, Sanitary Inspector's Certificate, Meat Inspector's  
Certificate

##### *Sanitary Inspector :*

W. DAVIES, Sanitary Inspector's Certificate, Meat Inspector's  
Certificate

#### (c) CLERICAL

Miss G. EVANS

#### (d) RODENT OPERATIVE

T. EVANS

## SOCIAL CONDITIONS

On January 11th, 1954, there were 74 males and 89 females registered as unemployed, making a total of 163 compared with 80 males and 71 females making a total of 151 on December 31st, 1952 and 127 males and 114 females making a total of 241 on December 31st, 1951.

The number of registered disabled persons placed in employment during the twelve months ending January 30th, 1954 was 60 males compared with 65 men and 1 woman during 1952.

The total number of pneumoconiosis and silicosis cases on the register of disabled persons on April 20th, 1953 numbered 172 men.

The following is information concerning man-power in the collieries of the district.

*Number of men on the books 31/12/53*

*Garw Valley*

Ffaldau	.....	.....	745
Glengarw	.....	.....	351
Garw	.....	.....	638
International	.....	.....	374
			<hr/> 2,108

*Ogmore Valley*

Western	.....	.....	805
Penllwyngwent	.....	.....	436
Wyndham	.....	.....	891
			<hr/> 2,132
Total	.....	.....	<hr/> 4,240

### **Welfare arrangements undertaken in the colliery during 1953**

Work has commenced on the new pithead baths at Penllwyngwent Colliery, Ogmore Vale, which, when completed will provide bathing facilities for 510 workmen.

### **YOUTH EMPLOYMENT SERVICE**

During the year, officers from the Youth Employment Service attended all the schools at the end of term to advise those about to embark on careers. Furthermore, youth employment officers attended at the Employment Exchange at Ogmore Vale on Mondays 10.15—12.30 p.m. and at Pontycymmer from 2 to 4 p.m. Also, "Open Evenings" have been held throughout the area. Those boys and girls who have already commenced work are invited to attend so that they may be aided by further advice. Every effort is made to encourage the full confidence of the youths so that they may not continue in work for which they are unsuited.



Under the special aptitude scheme, lads from the area have been accepted as apprentices for engineering, draughtsmanship, etc. in other parts of the country.

It is the considered opinion of the industrial economists that the salary and general prospects of those trained in some form of craftsmanship will soon be very much better than those who are in "white-collared" posts. For this reason every encouragement is given to the youths to undertake technical training.

Special facilities are offered to young people of either sex who are in some way disabled.

Employment was found in carpentry, farming, brick laying, mining, clerical, the G.P.O., garages and the British Railway for boys and in shops and factories for girls. The fact that on January 23rd, 1954 one girl in Ogmore Vale and one girl in Pontycymmer only, were drawing unemployment benefit demonstrates success in placing.

A very real and enthusiastic interest is taken not only in the young people when they first embark on the new career but later as well.

## **FORESTRY**

The forestry's planting programme for 1953-54 is the following :—

The main planting is to be in Garw Fechan taking in parts of Cilfyddifan leading to Lletty Brongu. This will cover about 170 acres.

50 acres at Cwmbuwch and 12 acres at Blaenogwy are also to be planted.

The trees planted will be Japanese larch, Norwegian spruce, English spruce, pine (Scotch, Corsican and large pole pine). The number planted will be in the region of 305,000.

About 20 men find regular employment in the forestry.



## STATISTICS OF THE AREA

Area (acres) .....	17,984
Estimated mid-year population .....	22,420
Number of inhabited houses .....	5,900
Rateable value .....	76,298
Product of a penny rate .....	£280

### EXTRACTS FROM VITAL STATISTICS

	Total	M.	F.
Live Births : Legitimate .....	361	192	169
Illegitimate .....	14	5	9
Birth rate (Recorded)—16.73			
Corrected by the Registrar			
General's area comparability			
factor—17.57			

#### Still Births :

Rate per 1,000 total (live and still births) 1952—19.7

Rate per 1,000 total (live and still births) 1953—28.4

#### Deaths :

	Total	M.	F.
	258	152	106
Death rate (Recorded) .....	11.51		
Corrected by the Registrar General's			
area comparability factor 12.54			

Deaths from puerperal causes ..... Nil

#### Death rate of infants under 1 year of age :

All infants per 1,000 live births .....	42.6
Legitimate infants per 1,000 legitimate live births.....	38.7
Illegitimate infants per 1,000 illegitimate live births	142.8
Deaths under 4 weeks per 1,000 live births .....	24
Deaths from malignant neoplasm (all ages) .....	42
Deaths from measles (all ages) .....	Nil
Deaths from whooping cough (all ages) .....	Nil
Deaths from diarrhoea (under 2 years of age) .....	1
Deaths from cerebro spinal fever (all ages) .....	Nil

Birth Rate for the last 10 years for England and Wales,  
the Administrative County and Ogmore and Garw U.D.C.

	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953
England &										
Wales .....	17.6	16.1	19.1	20.5	17.9	16.7	15.8	15.5	15.3	15.5
Glam. ....	19.4	18.1	19.4	20.8	18.9	17.1	16.1	16.32	16.16	16.16
Ogmore and Garw										
U.D.C. ....	19.3	19.4	19.5	20.1	20.1	18.8	15.6	15.84	17.52	16.73

Death Rate for the last 10 years for England and Wales,  
the Administrative County and Ogmore and Garw U.D.C.

	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953
England &										
Wales .....	11.6	11.4	11.5	12.0	10.8	11.7	11.6	12.5	11.3	11.4
Glam. ....	12.3	12.9	12.1	13.1	11.6	12.2	12.7	13.7	11.57	11.78
Ogmore and Garw										
U.D.C. ....	10.8	11.7	11.8	13.3	12.0	12.5	13.8	13.9	11.62	11.51

## INFANTILE MORTALITY

The infantile death rate for the year 1953 was 42.67 as compared with 63.29 last year. The actual number of deaths was 16. Nine of the deaths occurred in the neo-natal period—within a month of birth and of those who died when less than a month old, eight died in the first week. The cause of death of two of the remaining seven babies was in part attributable to the very severe gastro-enteritis epidemic which was wide spread in South Wales earlier. The babies having had one or two relapses were rendered particularly susceptible to other infections.

There is a remarkable decrease in death from prematurity, the number dropping from 12 in the previous year to 2 in the year under review.

The causes of such deaths continue to baffle medical science—so many factors contribute to the potential causes—home conditions, nutrition, working mothers, etc. that it is impossible to particularise reasons. In this area, the mother works for long hours under difficult conditions—running up and down steps which are invariably found in miners' cottages, situated as they are on mountain slopes. When they elect to go out to work as well, there is the inevitable exhaustion attendant on standing about waiting for buses added to the work at the bench or machine. In the two cases of death from prematurity, the mothers were out working until shortly before the birth of their babies.

Ante natal nutrition plays a powerful part in determining the good health or otherwise of a newly born baby.

The causes of infant deaths between the ages of one month and one year are largely preventible.

The causes of death were :—

Pulmonary atelectasis	3
Prematurity	2
Broncho pneumonia and chicken pox	1
Septicaemia	1
Intra cranial haemorrhage due to precipitate labour	1
Toxic myocarditis with gastro enteritis	1
Meningitis with pneumococcal infection	1
Convulsions	1
Broncho pneumonia	1
Asphyxia due to regurgitation of food	1
Toxaemia—unresolved pneumonia following gastro enteritis	1
Shock, haematemesis and melaena	1
Haemorrhage from torn umbilical vein	1

The following are the environmental conditions of the infants who died when under one year of age :—

- Case A. Poor sanitary conditions. The mother working in a factory up to confinement. No facilities taken advantage of. Illegitimate.
- Case B. A good home. The mother attended the ante natal clinic well.
- Case C. A poor home. A good mother who attended the ante natal clinic well. Third child—Accidental death.
- Case D. A good home. The mother attended the ante clinic well. First child.
- Case E. An overcrowded home. The mother had chicken pox and the child contracted it.
- Case F. A poor home, but a good mother who was in very poor health.
- Case G. Poor home. The mother worked in a factory up to the time of confinement. Blood pressure.
- Case H. A good home, but mother did not attend ante natal clinic.
- Case I. A good home. Mother attended ante natal clinic. Earlier medical attention might have saved the child.
- Case J. Poor home. The mother went out to work during pregnancy. Premature.
- Case K. Poor home. The mother did not attend ante natal clinic.
- Case L. Clean home. The mother was working throughout pregnancy and did not attend ante natal clinic. Illegitimate.
- Case M. A clean home. The mother attended the clinic well.
- Case N. Good house. One of a large family with delicate mother.
- Case O. Good house. Indifferent parents.
- Case P. Overcrowded conditions. Good mother.

About 80 per cent of the babies born in this area are delivered in hospital. It is possible that as so many women are confined in hospital instead of birth being looked upon as a natural function, it is regarded as a medical emergency ; this may cause some psychological upset in the mother. When women are attended by their own doctor at home there seems to be less likelihood of some emotional disturbance which in time sets up glandular activity. This theory would, I think, bear investigation.

# THE HISTORY OF THE

PROGRESS OF THE

ARTS AND MANUFACTURES  
IN THE KINGDOM OF GREAT BRITAIN  
FROM THE EARLIEST PERIODS TO THE PRESENT  
BY  
JOHN SMITH

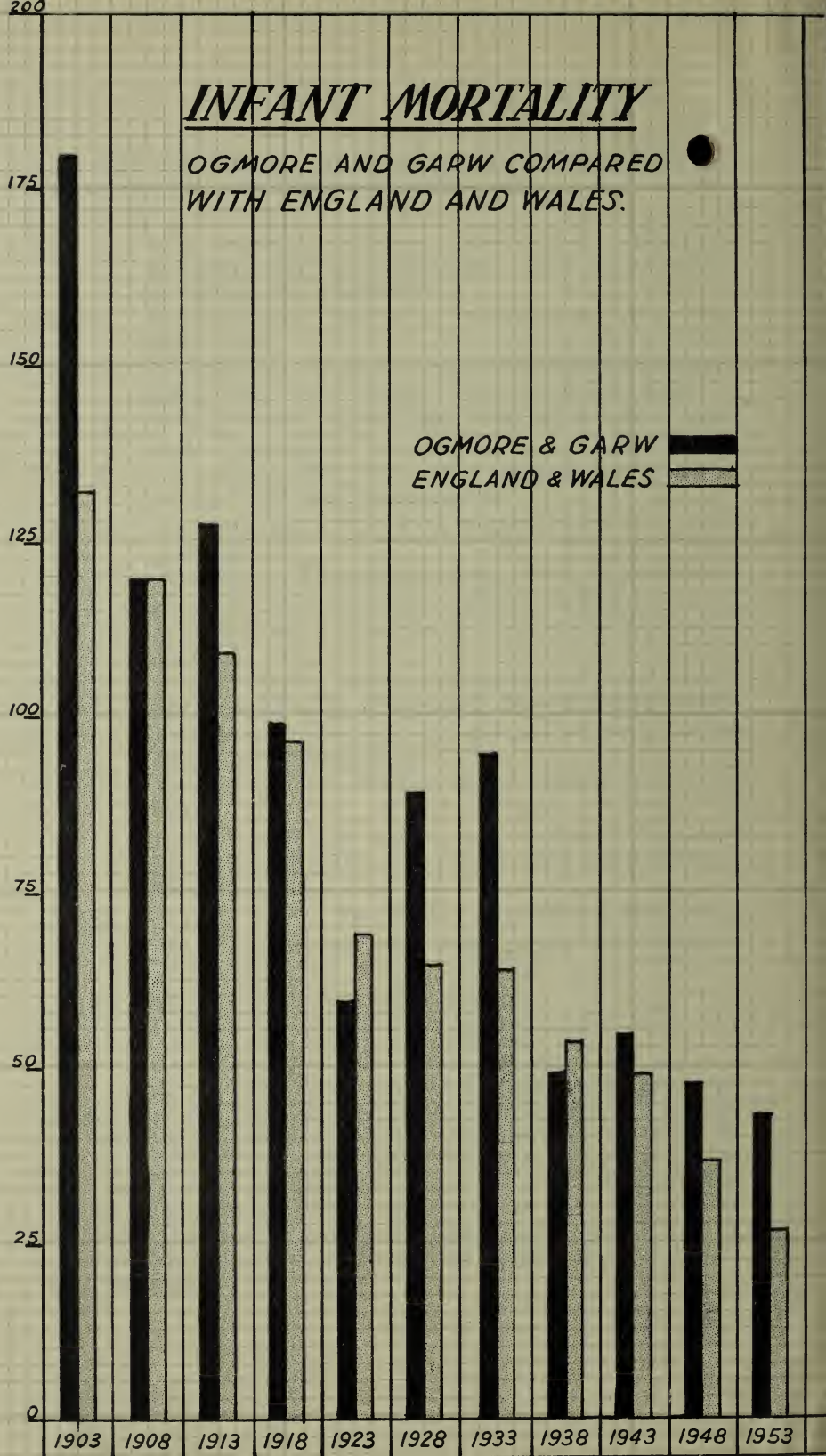
LONDON: PRINTED BY J. JOHNSON, ST. PAULS CHURCH-YARD, 1785.



# INFANT MORTALITY

OGMORE AND GARW COMPARED  
WITH ENGLAND AND WALES.

OGMORE & GARW  
ENGLAND & WALES



# INFANTILE MORTALITY DURING THE YEAR 1953

Deaths from stated causes in weeks and months under 1 year of age

	Under Under Under Under												Total
	1	12	24	1-3	3 days	1-2	2-3	3-4	1-3	3-6	6-9	9-12	
	hour hours hours days 1 week weeks weeks months months months months												
Pulmonary Atelectasis ... ..	—	—	1	2	—	—	—	—	—	—	—	—	3
Prematurity ... ..	—	1	1	—	—	—	—	—	—	—	—	—	2
Broncho-Pneumonia and Chicken-pox	—	—	—	—	—	—	—	1	—	—	—	—	1
Septicaemia ... ..	—	—	—	—	—	—	—	—	1	—	—	—	1
Intracranial haemorrhage due to precipitate labour ... ..	—	1	—	—	—	—	—	—	—	—	—	—	1
Toxic myocarditis with gastro-enteritis	—	—	—	—	—	—	—	—	1	—	—	—	1
Meningitis with pneumococcal infection	—	—	—	—	—	—	—	—	—	1	—	—	1
Convulsions ... ..	—	—	—	—	—	—	—	—	1	—	—	—	1
Broncho-pneumonia ... ..	—	—	—	—	—	—	—	—	1	—	—	—	1
Asphyxia due to regurgitation of food	—	—	—	—	—	—	—	—	—	—	—	—	1
Toxaemia—unresolved pneumonia following gastro-enteritis	—	—	—	—	—	—	—	—	—	1	—	—	1
Shock, haematemesis ... ..	—	—	—	1	—	—	—	—	—	—	—	—	1
Haemorrhage from torn umbilical vein	—	—	—	—	1	—	—	—	—	—	—	—	1
TOTAL ... ..	—	2	2	3	1	—	—	1	5	2	—	—	16



## **Still-Births**

There were 11 still-births in the area during 1953, three of which were twin pregnancies, the remaining twin in each case lived. It is estimated that, on a proportional basis, the loss in multiple pregnancies is even three times as great as in single pregnancies. As regards the other still-births, one child was malformed and the mothers of the others suffered from toxæmia. One of the mothers attended the ante-clinic once only and four did not attend at all.

## **Prematurity**

There were 26 premature births, eight of these babies were the result of twin confinements. Of the 23 mothers involved, ten took advantage of the facilities for ante natal care which were offered to them.

Ten of the mothers had good home conditions, the others were poor or indifferent.

## **MEDICAL FACILITIES**

First of all, I must mention the excellent relationship existing between the Public Health Department and the local practitioners. They work in complete harmony, frequent discussions being held on the problems and difficulties which both doctors and patients encounter. The fact that there has been a Mass Radiography unit working in the area for a long period has been of inestimable value to one and all. It has lightened the work of the doctors considerably in that they have reported on the patients in the minimum of time. The public have benefited by not having to spend long hours of waiting for 'buses and in the out-patients department. This cuts down the time of work lost with resulting loss of pay in the case of the man or woman worker and there is far less interference with the home duties of the mother. The children lose little school. Furthermore it lessens the work of the hospitals as regards routine examinations and the administrative side, which is devoted to the issuing of reports has its duties reduced. Unfortunately, this unit puts in a rare appearance. It would indeed be a blessing if, when the unit is operating in the collieries, as it does frequently, facilities might be extended to the doctors so that they might avail themselves of its service.

What a wonderful thing it would be if a house could be obtained as a medical centre for the valleys where simple laboratory tests could be carried out, massage, radio-therapy, chiropody might be made available and simple diagnostic services. This would indeed benefit all parties—the hospitals would not suffer from over-crowding in the out-patients department, the expenses of the ambulance service would be cut down and there would be an enormous saving in time. People who are not feeling up to the mark cannot be expected to face a long 'bus ride to and from the hospital. If everyone owned a private car it would be a very different matter. So let us explore the possibilities of this and not rest until we have obtained our object.

## **PREVALANCE AND CONTROL OF INFECTIOUS DISEASES**

### **Diphtheria**

No cases of diphtheria were notified during the year. This is the fifth year in succession for this to happen.

I should like to quote an extract from the Annual Report, 1903 of the Ogmores and Garw Urban District Council, under the heading "Diphtheria" (Garw Ward).

"There have been 69 cases during the year as compared with 150 during the previous year, showing a greatly decreased number for the last year. Isolation is impossible to be carried out here, without an Isolation Hospital. Disinfectants were used in all affected cases, and fumigation was carried out by the Inspector in the affected houses." I do not think a comment is necessary, though I may add that in the Garw Ward alone there were seven deaths from this dread disease in that year.

### **Whooping Cough**

There were twice as many cases of whooping cough as there were in the previous year. The notifications remained steadily at the same high level during the summer months. Fortunately it was possible to admit to hospital all severe cases and those cases where home conditions made good nursing impracticable. It is very desirable that these facilities should be available as the disease produces a condition of exhaustion not only in the patient but in the family around. It is an ailment which interrupts the sleep of the other members of the household. When the wage earner is engaged in hard manual work, it is of paramount importance that he should obtain his full quota of sleep.

Arrangements are in force for the X-raying of all whooping cough cases prior to their leaving hospital to ensure that no chest complications, which are to-day met with so frequently, may be overlooked.

Since April, 1953 children who have not had the disease have been immunised. This operation has become very popular and has given a fillip to diphtheria immunisation in the Garw Valley. The numbers of children immunised against diphtheria in the Ogmore Valley remained consistently high.

## **Measles**

There was an increase in the number of cases of measles notified in 1953, the peak period being reached in March as in the previous year (vide graph). There were no deaths in spite of quite frequent severe complications.

Facilities for admission to hospital in similar circumstances to those existing in the case of whooping cough were offered and utilized.

## **Food Poisoning**

Four cases of salmonella infection were notified, two were of the type anatum which is associated with ducks' eggs, the others were of the typhi-murium type. Although routine investigations were carried out in each case, the definite sources could not be proved and could be only presumed.

## **Scarlet Fever**

There was a slight increase over the previous year in the number of cases of scarlet fever, but even so, it was well below the usual number of preceding years. All the patients recovered and no complications set in.

## **Poliomyelitis**

There was one case of poliomyelitis. The patient was a boy of seven from Adare Street, Ogmore Vale. It was of the paralytic type and the lad was left with a slight disability of the arm.

# INFECTIOUS DISEASES NOTIFIED DURING 1953

## CASES NOTIFIED

	Under 1		1-2		3-4		5-9		10-14		15-24		25 & over		Age Unknown		Total
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	—	—	2	1	5	9	14	21	4	3	—	—	1	2	—	—	62
Whooping Cough	5	7	14	14	23	26	12	20	2	—	—	—	—	2	—	—	125
Measles	9	6	41	37	67	68	80	81	4	3	2	—	—	—	—	—	398
Polomyelitis	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1

## CASES NOTIFIED

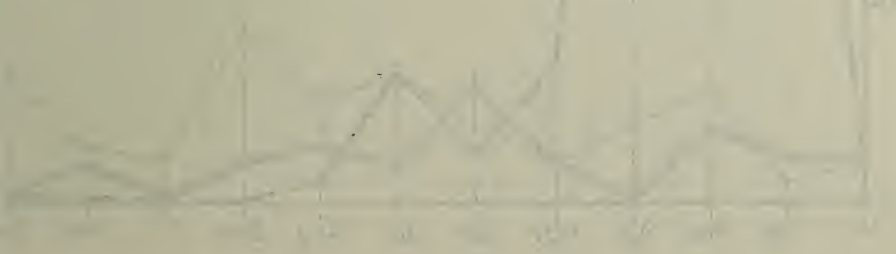
<i>Diseases</i>	Under 5		5-14		15-44		45-64		65 & over		Age Unknown		Total
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Pneumonia	—	—	—	—	—	—	—	—	—	—	—	—	51
Dysentery	—	—	—	—	—	—	—	—	—	—	—	—	3
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—
Encephalitis lethargica	—	—	—	—	—	—	—	—	—	—	—	—	—
Enteric or Typhoid	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	—	—	—	—	—	—	—	—	—	—	—	—	—
Cerebro spinal fever	—	—	—	—	—	—	—	—	—	—	—	—	3
Puerperal Pyrexia	—	—	—	—	—	—	—	—	—	—	—	—	—
Ophthalmia Neonatorum	—	—	—	—	—	—	—	—	—	—	—	—	—
Food-poisoning	1	—	—	—	1	—	—	—	—	—	—	—	4

# INFECTIOUS DISEASES DURING 1953

<i>Diseases</i>	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Scarlet Fever ....	6	6	9	—	4	15	5	7	5	—	4	1	62
Pneumonia ....	11	4	2	4	8	7	—	2	4	4	1	4	51
Whooping Cough	6	2	14	10	5	10	16	13	22	5	6	16	125
Measles ....	4	103	167	79	18	6	16	3	—	—	1	1	398
Erysipelas ....	1	1	—	—	—	1	—	—	—	—	—	—	3
Food Poisoning	—	—	—	—	1	—	—	—	—	—	—	3	4
Polionyelitis ....	—	—	—	—	—	—	—	—	—	—	1	—	1
Dysentry ....	—	—	—	—	—	—	—	—	—	1	2	—	3
Meningitis ....	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid ....	—	—	—	—	—	—	—	—	—	—	—	—	—
Ophthalmia Neonatorum	—	—	—	—	—	—	—	—	—	—	—	—	—

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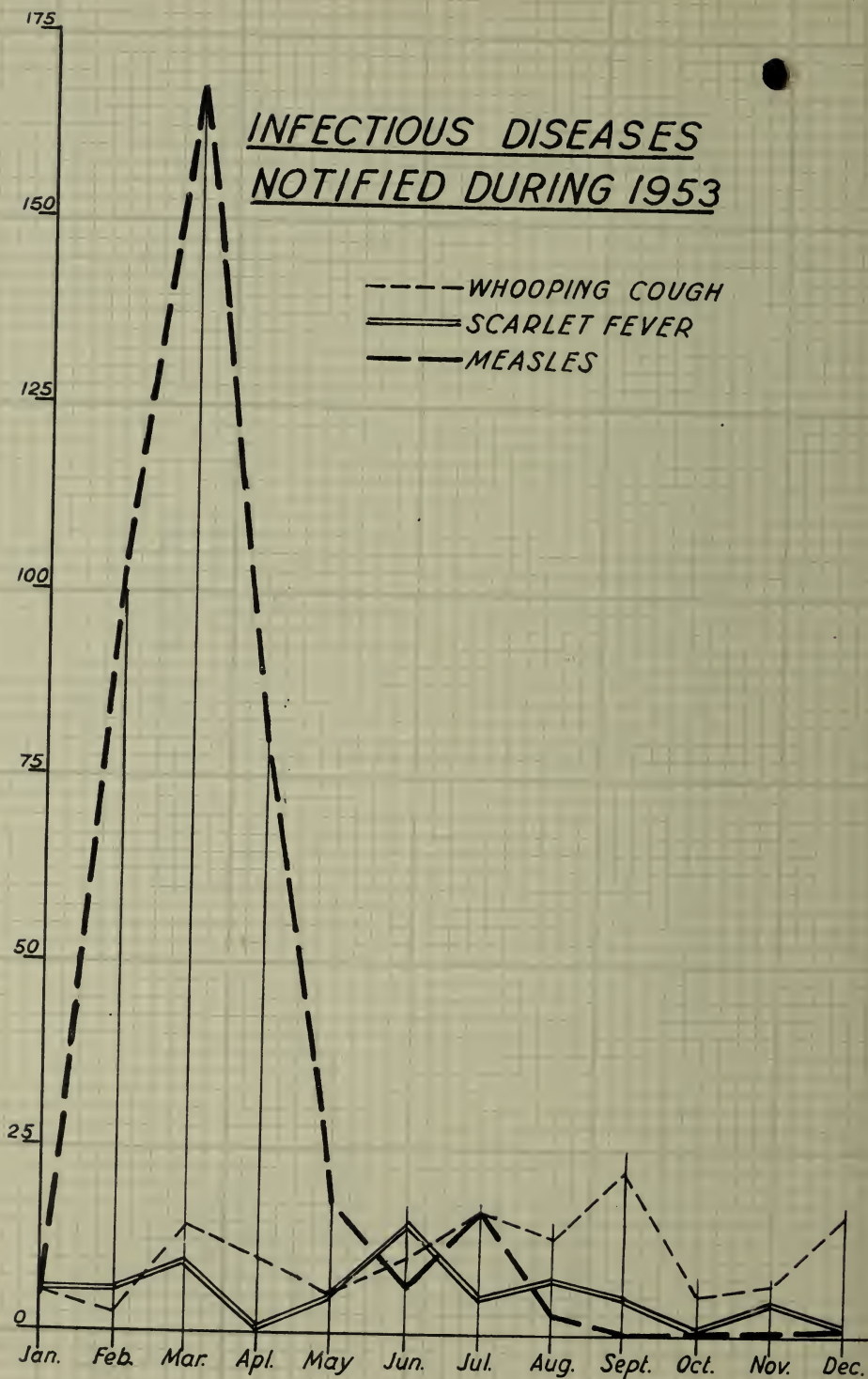
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INFECTIOUS DISEASES  
NOTIFIED DURING 1953

----- WHOOPING COUGH  
===== SCARLET FEVER  
—— MEASLES





# INFECTIOUS DISEASES NOTIFIED THROUGHOUT THE WARDS DURING 1953

	B	P	B-P	N	T	A	Whole Area 62
Scarlet Fever	8	10	13	10	20	1	
Pneumonia	1	4	4	5	34	3	51
Whooping Cough	2	2	11	56	45	9	125
Measles	70	61	88	53	122	4	398
Erysipelas	—	—	1	1	1	—	3
Food Poisoning	—	2	1	—	1	—	4
Poliomyelitis	—	—	—	—	1	—	1
Dysentery	—	—	3	—	—	—	3
Meningitis	—	—	—	—	—	—	—
Typhoid	—	—	—	—	—	—	—
Ophthalmia Neonatorum	—	—	—	—	—	—	—

## TUBERCULOSIS

There was an increase in the number of notifications in pulmonary tuberculosis during the year, 34 as compared with 25 last year.

Of these 34, one third were picked out by the mass radiography unit who then advised the patients to attend the tuberculosis clinic for further investigation, where they were found to be tubercular. Of these 34, 16 were very early cases and stood an excellent chance of complete recovery, 6 were moderately advanced and the remainder were in a very advanced stage, 3 having died before notification, tuberculosis was revealed at post-mortems; of these, two were in the 55-65 group and the other was over 70.

Four male and three female were notified as suffering from non-pulmonary T.B. There were two deaths in this group both of females under five.

Of the 41 notifications, one only dwelt in any of the new housing sites, while from the older housing sites, there were 3 all from the same road, 2 of them sisters. This surely suggests the importance of housing in the incidence of tuberculosis.

Fifty six children from the area were B.C.G. vaccinated during the year 1953.

The following is a classification of the environmental and financial circumstances of the tuberculosis patients who were notified during 1953 :—

- House Grade I—Good house not overcrowded
- Grade II—A good house but overcrowded
- Grade III—Poor house but not overcrowded
- Grade IV—Poor house and overcrowded
- Grade V—Bad from every point of view

<i>Case</i>	<i>Type of House</i>	<i>Income per head</i>	<i>Comments</i>
1. ....	Grade V	£2/5	Visited by T.B. woman
2. ....	Grade I	Pneumoconiotic pension (unmarried)	
3. ....	Grade III	£3	Uncle died of T.B.
4. ....	Grade V	£2	
5. ....	Grade I	£3	
6. ....	Grade III	£6 (Bachelor)	Land-lady's sister T.B.
7. ....	Grade IV	£3	

8. ....	Grade I	.....	(Old age pensioner)	
9. ....	Grade II	.....	(Died before notification)	
10. ....	Grade III	.....	(Old age pensioner)	
11. ....	Grade V	.....	£1/10	..... Father chronic bronchitis
12. ....	Grade I	.....	£1/5	
13. ....	Grade V	.....	£2/3/6	..... Husband notified T.B.
14. ....	Grade II	.....	War pensioner	
15. ....	Grade V	.....	£1/10	
16. ....	Grade V	.....	£2	..... Visited frequently by T.B. Aunt
17. ....	Grade V	.....	£3	..... Worked next to a T.B. Patient
18. ....	Grade I	.....	£2	
19. ....	Grade III	.....	Old age pensioner (Died before notification)	
20. ....	Grade III	.....	£5	..... Mother on T.B. register until 10 years ago
21. ....	Grade III	.....	Pneumoconiotic pension (married)	
22. ....	Grade IV	.....	£2/5	
23. ....	Grade IV	.....	Unknown	
24. ....	Grade V	.....	£2/10	..... Infected by T.B. visitor
25. ....	Grade III	.....	Unknown	
26. ....	Grade I	.....	Unknown	..... Brother-in-law died of T.B. a year ago
27. ....	Grade I	.....	Old age pensioner	
28. ....	Grade III	.....	£4	..... Two neighbours T.B.
29. ....	Grade I	.....	Old age pensioner	
30. ....	Grade I	.....	£5/6 when working	
31. ....	Grade IV	.....	Old age pensioner	
32. ....	Grade IV	.....	£2	
33. ....	Grade I	.....	£2/6	
34. ....	Grade III	.....	£2/2/6	..... Brother treated at Cimla
35. ....	Grade III	.....	£2/18	
36. ....	Grade III	.....	£5 (unmarried)	
37. ....	Grade IV	.....	Unknown	
38. ....	Grade V	.....	£2	
39. ....	Grade I	.....		..... Mother died of pulmonary T.B., 1947
40. ....	Grade II	.....	Old age pensioner (Died before notification)	
41. ....		.....	Invalided from R.A.F.	

# TUBERCULOSIS, 1953

Age Periods	NEW CASES				DEATHS			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
0—1 ....	—	—	—	—	—	—	—	—
1—5 ....	3	1	—	2	—	—	—	2
5—10 ....	1	2	—	—	—	—	—	—
10—15 ....	—	1	—	—	—	—	—	—
15—20 ....	2	1	2	—	—	—	—	—
20—25 ....	2	3	—	1	—	1	—	—
25—35 ....	5	1	—	—	1	—	—	—
35—45 ....	1	1	2	—	1	—	—	—
45—55 ....	1	—	—	—	—	—	—	—
55—65 ....	3	1	—	—	3	—	—	—
65 and over ....	4	1	—	—	1	—	—	—
<i>Total</i> ....	22	12	4	3	6	1	—	2

# TUBERCULOSIS

## Notifications and Deaths 1932—1953 in the Ogmore and Garw Area

Year	NOTIFICATIONS				DEATHS			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
1932 ....	29	32	10	7	9	10	3	1
1933 ....	23	19	11	1	9	13	3	0
1934 ....	16	23	7	6	4	7	1	1
1935 ....	20	14	6	6	10	11	2	0
1936 ....	23	20	5	6	11	8	2	2
1937 ....	17	15	8	4	3	5	2	2
1938 ....	12	14	11	8	7	6	3	0
1939 ....	20	12	11	4	7	6	1	1
1940 ....	17	19	7	10	2	3	2	2
1941 ....	20	16	6	9	9	6	3	5
1942 ....	11	16	10	8	7	4	4	0
1943 ....	16	19	7	11	7	8	3	3
1944 ....	20	24	10	5	6	8	2	0
1945 ....	18	17	6	7	4	5	2	0
1946 ....	23	14	7	10	9	8	0	3
1947 ....	19	28	13	8	6	7	0	0
1948 ....	15	16	3	4	5	10	—	1
1949 ....	11	24	5	7	7	6	—	—
1950 ....	11	12	4	5	5	6	1	1
1951 ....	7	3	1	4	7	4	—	1
1952 ....	12	13	3	5	8	3	—	1
1953 ....	22	12	4	3	6	1	—	2

## MASS X-RAY SURVEY

A mass X-ray radiography survey was held in the Garw Valley during the months of June and July. This survey was conducted by the X-ray unit of the Regional Hospital Board.

The aim was to X-ray 100 per cent of the population on the lines of the most successful survey which had been held in Evanstown the previous year. The method of approach to the problem was similar except for the fact that no public meetings were held. The first area visited was at Pontycymmer, where the unit was set up at the Ambulance Hall.

Each house was visited and a complete census made of the inmates. A register was then compiled street by street containing a list of the occupants of each house. Posters and hand bills were distributed. A loud-speaker van toured the area. As people attended their names were crossed off the list and the absentees were visited and encouraged to make an effort to present themselves at the unit. The enthusiasm of the organisers and their unstinted labour are much to be admired. They completely won over the younger section of the population who were made to understand that if tuberculosis is to be eradicated, mass X-ray is one method of attack. Even amongst the sick and aged, for whom transport was provided there was quite a good response. It is certain that when the unit pays another visit those who have been once will go again with little or no persuasion. Efforts such as were made by this unit will soon produce the 100 per cent attendance that is aimed at.

When the unit arrived at Blaengarw, no accommodation could be found, therefore a bell tent was brought into use. The weather was poor and the team had great difficulties with which to contend.

### Details of Mass Radiographic Survey carried out at Pontycymmer General Population and Schoolchildren

JUNE, 1953

## ANALYSIS IN AGE GROUPS

	Grand Total	Under 15		15—24		25—34		35—44		45—59		60 & Over		Totals	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Total number examined ....	4827	565	550	314	347	426	354	443	299	549	440	309	231	2606	2221
Number found to be abnormal ....	804 or 16.66%	16	9	19	20	85	29	168	27	222	32	143	34	653	151
Classification of abnormal cases :—	1 or 0.02%	—	—	—	—	—	—	—	—	—	1	—	—	—	1
(a) Pulmonary Tuberculosis															
(b) Requiring further observation ....	68 or 1.41%	4	3	4	7	5	9	5	9	7	2	11	2	36	32
(c) Other abnormalities of the chest ....	735 or 15.23%	12	6	15	13	80	20	163	18	215	29	132	32	617	118

**W.R.H.B.**

**MASS RADIOGRAPHY SERVICE**

**Details of Mass Radiographic Survey of Pontycymmer**

**General Population—June, 1953**

**TABLE " B "**

**Details of Other Abnormalities**

	<i>T.</i>	<i>M.</i>	<i>F.</i>
Healed Primary P.T. ....	80	41	39
Healed Post-Primary P.T. ....	39	25	14
Pleural Thickening ....	10	6	4
Pulmonary Fibrosis ....	13	11	2
Basal Fibrosis ....	10	8	2
Bronchiectasis ....	5	2	3
Bronchitis and Emphysema ....	60	27	33
Pneumoconiosis—Stage 1 ....	310	310	—
Stage 2 ....	171	171	—
P.M.F. ....	6	6	—
Cystic Disease ....	1	1	—
Acquired Heart Disease ....	12	3	9
Abnormality of the Diaphragm ....	1	—	1
Bony Abnormality ....	17	6	11
	<hr/> 735	<hr/> 617	<hr/> 118



# WELSH REGIONAL HOSPITAL BOARD—MASS RADIOGRAPHY SERVICE

## Details of Mass Radiographic Survey carried out at Blaengarw General Population, July 1953

### ANALYSIS IN AGE GROUPS

	Grand Total	Under 15 M. F.	15—24 M. F.	25—34 M. F.	35—44 M. F.	45—59 M. F.	60 & Over M. F.	Totals M. F.
Total number examined	2206	323 337	142 144	152 172	151 141	180 202	150 112	1098 1108
Number found to be abnormal	354 or 16.04%	13 14	5 9	29 15	60 14	93 20	65 17	265 89
Classification of abnormal cases :—								
(a) Pulmonary tuberculosis	—	— —	— —	— —	— —	— —	— —	— —
(b) Requiring further observation	25 or 1.13%	2 —	— 1	1 5	1 3	8 2	1 1	13 12
(c) Other abnormalities of the chest	329 or 14.91%	11 14	5 8	28 10	59 11	85 18	64 16	252 77

## W.R.H.B.

### MASS RADIOGRAPHY SERVICE

#### Details of Mass Radiographic Survey of Blaengarw

#### General Population—July, 1953

TABLE " B "

#### Details of Other Abnormalities

	<i>T.</i>	<i>M.</i>	<i>F.</i>
Healed Primary P.T. ....	56	21	35
Healed Post-Primary P.T. ....	13	6	7
Pleural Thickening ....	2	—	2
Basal Fibrosis ....	6	4	2
Pulmonary Fibrosis ....	6	3	3
Pneumonitis ....	1	—	1
Bronchiectasis ....	3	1	2
Bronchitis and Emphysema ....	27	13	14
Pneumoconiosis—Stage 1 ....	101	101	—
Stage 2 ....	88	88	—
P.M.F. ....	8	8	—
Cardio-vascular disease—			
Acquired ....	8	1	7
Congenital ....	1	1	—
Bony Abnormality ....	9	5	4
	<hr/> 329	<hr/> 252	<hr/> 77

### GASTRO ENTERITIS

During the first three months of the year, the very exceptional, severe type of gastro enteritis amongst infants was still present in the area.

During the first half of the year, a survey was carried out amongst infants under two years of age in the area, with the object of ascertaining if the bacteria, to which we believe this disease owes its origin, could be isolated from cases which would normally not be seen in hospital owing to the mildness of the attack, and also to demonstrate whether this bacteria could be found in healthy children. So far this bacteria had been isolated only from children who were in hospital. Owing to the extreme severity of the cases and the insurmountable difficulty of preventing cross infection—if it were cross infection—(even when the cases were nursed in cubicles), it was important to ascertain how the bacteria first came into the hospital and whether what was originally believed to be cross infection might not have been an infection present when the patient was admitted though disguised by other symptoms. The personnel of the Public Health Laboratory, Cardiff enthusiastically agreed that a wholesale survey by means of rectal swabs of as many infants under two as possible would be of great value in endeavouring to trace the origin of this infection. The general practitioners then agreed to notify immediately any trace of gastro intestinal upset. In order that there should be no divergence in technique, all the rectal swabs were taken by one doctor—therefore that had to be the Medical Officer of Health. As it is common in this area for all infants to be seen by a doctor either at the home, surgery or clinic or by a health visitor if the child had any abnormality at all, it is safe to assume that all who had not been well came under review.

In the survey, though specimens were taken from infants over two years of age, not one was found positive, therefore the line of demarcation was drawn at exactly two years as is seen in the table.

### GASTRO ENTERITIS

<i>Age Groups</i>	<i>Positive</i>	<i>Negative</i>	<i>Rough</i>
0— 1 months	—	28	—
1— 2 months	—	55	3
2— 3 months	4	85	3
3— 4 months	4	44	—
4— 5 months	—	51	—
5— 6 months	1	47	—
6— 7 months	2	20	—
7— 8 months	—	30	—
8— 9 months	—	28	1
9—12 months	1	71	—
12—18 months	—	37	1
18 months—2 years	—	45	1

## Causative Agent

All the bacteria isolated were of the Bact. coli O group 55 type with the exception of bacteria isolated from a male infant of 11 months which were Bact. coli O group 26. The ones named rough were those that could not be typed and were presumed to be potentially infectious. The cases were treated as though organisms had been definitely typed.

## Distribution

The infective organism was spread throughout both valleys as is demonstrated by the following table :—

<i>Area</i>	<i>Positive</i>	<i>Rough and Untypable</i>
Blaengarw .....	—	—
Pontycymmer and Pantygog .....	1	1
Pontyrhyl and Bettws .....	3	1
Llangeinor .....	—	2
Brynmenin .....	1	—
Nantymoel .....	—	1
Ogmore Vale .....	5	3
Lewistown .....	—	—
Pantyrwel .....	—	—
Blackmill .....	1	—
Evanstown .....	1	1

## Types

With the exception of five, amongst the cases in which a positive organism was found, there were definite symptoms of gastro enteritis. Bact. coli O group 55 were isolated in three of the symptom free cases.

Rough and untypable bacteria were isolated in the remaining two cases. One of the symptomless cases in which Bact. coli O group 55 had been isolated was subsequently admitted to hospital with acute gastro enteritis. This developed 18 days after the first positive result was reported which might suggest an incubation period.

Two other infants, who had recently been discharged from the same hospital developed gastro enteritis within a week of their discharge. They were perfectly fit when discharged and lived in totally different areas. Bact. coli O group 55 were isolated from specimens taken from them. Does this also suggest an incubation period ?

## **Duration of infectivity and prevention of spread**

The infants who had symptoms so mild that hospitalization was not considered necessary were treated at home. They excreted *Bact. coli* O group 55 for varying periods, the longest period was from 22/1/53—23/3/53, though in the meantime the child seemed well with the exception of more frequent stools than normal.

Those infected were strictly isolated. No young children, especially those under two were allowed to enter the house. The infants were prohibited from attending clinics until negative results were obtained over a period of months.

## **Summary**

Of the 562 cases examined, 75 had definite symptoms of gastro enteritis. In 11 of the cases, *Bact. coli* O group 55 were isolated, in one case *Bact. coli* O group 26 were isolated and in 9 cases the bacteria were rough and untypable. Of the 21 who passed organisms, 5 were without symptoms hence approximately 22 per cent of those with symptoms passed organisms of the *Bact. coli* O group 55 or O group 26 or rough and untypable *B. coli*.

Approximately 1 per cent of the cases without symptoms which were examined passed organisms *Bact. coli* O group 55 or untypable *B. coli*.

## **Conclusion**

This investigation was undertaken because the severe type of gastro enteritis met with in hospitals was so often associated with the presence of these organisms. Hence it was thought that there might be a connection between these organisms and the infection.

When swabs were taken from cases with intestinal symptoms 22 per cent were positive for *Bact. coli* O group 55, or *Bact. coli* O group 26 or *Bact. coli* rough and untypable.

When swabs were taken from cases without intestinal symptoms, 1 per cent were positive for *Bact. coli* O group 55 or rough and untypable.

## HOSPITALIZATION OF INFECTIOUS DISEASES

The following is the number of infectious cases admitted to Isolation Hospitals during the year from this area.

### Blackmill Isolation Hospital

Scarlet Fever	.....	64
Erysipelas	.....	2
Septic Throats	.....	31
Broncho-Pneumonia	.....	10
Pneumonia	.....	29
Whooping Cough	.....	28
Miliary Tuberculosis	.....	1
Food poisoning	.....	3
Tuberculosis (observation)	.....	1
Meningitis (none confirmed)	.....	13
Gastro enteritis	.....	56
Measles and Pneumonia	.....	9
Chicken Pox with perforated Appendix	.....	1
Abscess of ear (query meningitis)	.....	1
Poliomyelitis (1 confirmed)	.....	3
Whooping Cough and Pneumonia	.....	3
Septic Throat and Rheumatism	.....	4
Pneumonia and rheumatism	.....	1
Dysentery	.....	3
Septic Throat and Otitis Media	.....	18
Measles and Whooping Cough	.....	2
Impetigo	.....	13
Impetigo and Chicken Pox	.....	1
Impetigo and Chorea	.....	1
Measles and Appendicitis	.....	1
Tubercular Meningitis	.....	1
Para-typhoid (unconfirmed)	.....	1
Rheumatic Fever and Pericarditis	.....	1
Measles and Diphtheria (unconfirmed)	.....	1
Measles and Scarlet Fever	.....	1
Measles and gastro enteritis	.....	1
Cervical Adenitis and Septic Throat	.....	1
Typhoid Fever (unconfirmed)	.....	1
Measles and Infantile Eczema	.....	1
Impetigo and Herpes Zoster	.....	1
Herpes Zoster	.....	1
Investigation	.....	6



Otorrhoea and Septic Throat .....	1
Multiple abscess of the brain .....	1
Influenza .....	2
Epilepsy .....	1
Quinsey .....	2
Otitis Media with facial paralysis .....	1
Bronchitis .....	5
Appendicitis .....	1
Tuberculosis .....	1
Malaria .....	1

## Cefn Hirgoed

Broncho-pneumonia .....	1
Bronchitis .....	1
Gastro enteritis .....	7
Poliomyelitis (1 confirmed) .....	2
Influenza .....	1

In the valleys, demands for hospital beds are very heavy owing to two factors (a) mining subsidence has resulted in dwellings becoming damp and quite unsuitable for housing sick children. (b) The practioners are becoming increasingly preventive-minded and think in terms of the avoidance of complications. There are more discussions between the hospital and the practitioner with regard to the type of patient which would most benefit from treatment in hospital. Family background, housing etc., are discussed and the needs of the individual patient evaluated before admission.

One might alter the name of Isolation Hospital to that of Institute of Preventive Medicine. The liaison between the chest clinic, the paediatric unit and the various hospitals inside and outside the group has been well maintained throughout the year.

Facilities now available for X-raying children before discharge has proved of inestimable value since, on several occasions, abnormalities have been brought to light which otherwise would not have been detected. When children are sent from hospital to attend the paediatric unit, if necessary they are kept under supervision after discharge.

The pathological laboratory at Bridgend and the Public Health Laboratory Cardiff have provided excellent services.



## **LABORATORY WORK**

Bacteriological examinations for the department is carried out at the Public Health Laboratory, the Institute of Preventive Medicine, Cardiff.

During the year 846 specimens were examined. Of the throat swabs, roughly a quarter were positive. The rectal swabs have been discussed in the section dealing with gastro enteritis.

## **DEPRIVED CHILDREN**

In 1953, 14 children from this area—10 boys and four girls were admitted to the Children's Homes of the County Council :—Four boys were admitted due to the infirmity of the parent, six boys and one girl due to eviction or other housing troubles and three girls owing to neglect.

15 children normally resident in this area 12 boys and three girls were discharged from the children's homes. In the case of seven, the parents had obtained accommodation, in the case of four, the parents had recovered, in the case of one, a committal order had been revoked and in the case of three, there had been an improvement in the home conditions.

There were 18 children from this area in the care of the county in December, 1953.

In this area, eight children were in foster homes.

Great efforts are made by this council to keep a family unified but occasionally circumstances get beyond their control. It is felt that once a family has been broken up, the members can be reunited only with great difficulty so the utmost is done to prevent disintegration. In this, the council would be aided if the Public Assistance Board were permitted to pay the rent direct to the landlord. So often eviction through rent arrears has led to the dispersal of a family who draw Public Assistance and have their money for rent taken into consideration when their allocation is made, yet, still the tenants will not pay the rent. Often the house holder seems quite incapable of handling money.

It would doubtless be an aid to keeping these unfortunate families united if a moderate sized house could be fitted up in

each area to house children in their usual environment. Furthermore, they could continue to meet their old friends and their parents would find it easier to keep in touch with them. Voluntary social workers of the area with a flair for dealing with children would visit them and assist in the homes in turn. This is one project where decentralization would be of value. The County Council homes are doing wonderful work and give the children all they need except that one thing—a feeling that they are of importance to anyone—a large community is by its nature an impersonal thing.

The experiment of inviting children from the homes to families in the valleys during the holidays has been carried on for the past three years. Such holidays are eagerly anticipated by the children and gives them an example to follow during their later lives—that of building up their own homes.

This project appears to be worth extending so that every child could be part of a family unit for a short time each year.

### DEATHS FROM HOME ACCIDENTS

<i>Year</i>	<i>Accident</i>	<i>Age of Victim</i>
1. 1949—	Fracture of femur (accidental fall in bedroom) .....	76
2. 1949—	Fracture of femur (Fall out of bed) .....	69
3. 1949—	Fracture of femur (Fall in the home) .....	85
4. 1949—	Asphyxia due to shock following contact with live electric wire .....	23
5. 1949—	Asphyxia due to regurgitation of food .....	4 months
6. 1949—	Asphyxia due to regurgitation of food .....	10 months
7. 1949—	Fracture of skull due to fall downstairs.....	76
8. 1950—	Asphyxia .....	15 months
9. 1950—	Necrosis of oesophagus due to swallowing bone .....	47
10. 1950—	Fracture of femur caused by fall .....	89
11. 1950—	Shock due to second degree burns .....	4
12. 1950—	Fracture of skull due to fall at home .....	68
13. 1950—	Overlaying .....	14 days
14. 1950—	Asphyxia due to suffocation .....	7 months
15. 1951—	Block of wood fell on head .....	31
16. 1951—	Fell off step ladder .....	58
17. 1951—	Fell downstairs .....	64
18. 1951—	Asphyxia due to bedclothes .....	2 months

19.	1951—Fractured femur, fall at home	79
20.	1952—Shock due to fracture of the skull (Falling down stairs)	74
21.	1952—Shock (Paper dress lit)	9
22.	1952—Asphyxia	8 months
23.	1952—Fall in bedroom. Fracture	83
24.	1953—Asphyxia due to regurgitation of food	1 month
25.	1953—Fracture of femur (Fall getting out of bed)	87

It is a fact which should be recognised that many accidents fatal and otherwise could have been avoided, if a little forethought and care had been exercised. We are warned of this by hoardings, lectures and every means of propaganda with reference to road accidents by road safety committees and rightly so. Yet more children die each year as a result of accidents occurring in the home than are killed by road accidents. I think the possibility of taking measures to prevent such a tragic waste of lives should be explored. It is reported that every year in England and Wales, there are nearly 6,000 fatal accidents and ten times that number of injuries through accidents in the home. In this area, for the five years 1949-1953, there were 25 fatalities in the home as compared with 13 on the road.

As a rule, it is either the very young or the very old who are the victims. With regard to the 25 victims killed as a result of home accidents 8 were under 1 year of age and 9 were over 70.

Each of the infants died from asphyxia either from regurgitation of food or from suffocation. Every effort should be made to check the unfortunate habit that many mothers have of leaving the feeding bottle in the child's mouth while she attends to other duties. There are far too many fatalities from this cause.

Children are often suffocated on account of an unfortunate choice of bedding. The practice, now rapidly becoming extinct of permitting a young baby to share the bed of another leads to overlaying with disastrous results.

Each of the victims over 60 died following a fracture due to a fall.

Where there is an elderly person in the house efforts must be made so that the possibility of their slipping either on a polished floor or on a mat on a polished floor may be reduced to a minimum.

# DEATHS FROM CANCER, 1953

	malignant neoplasm Stomach		malignant neoplasm Lungs and bronchus		malignant neoplasm Breast		malignant neoplasm Uterus		Other malignant and lymphatic neoplasm		Total
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
0—19 ...	—	—	—	—	—	—	—	—	—	—	—
20—29 ...	—	—	—	—	—	—	—	—	—	—	—
30—39 ...	2	—	—	—	—	1	—	—	—	—	3
40—49 ...	1	—	—	—	—	1	—	—	—	—	2
50—59 ...	2	2	1	—	—	1	—	—	2	1	10
60—69 ...	2	2	1	—	—	1	—	—	6	2	15
70 & Over	—	—	—	—	—	—	—	—	7	5	12
Total	7	4	2	—	—	4	—	—	15	8	42

Two children died through burns because fire guards had not been provided.

Faulty electric wiring caused yet another death. Electric wiring and electrical equipment should be periodically examined.

All medicines should be put on shelves far above the reach of children.

If such precautions are taken, accidents occurring in the home will be reduced to a minimum.

### **DEATHS FROM CANCER**

During the years 1949-53, there has not been a great fluctuation in the number of deaths from cancer in this area.

1949	.....	35
1950	.....	39
1951	.....	48
1952	.....	36
1953	.....	42

Each year over half the deaths occurred in the over 60 age group.

In the five years under discussion there were 23 deaths from cancer of the lung. Two only were women.

### **MILK**

12 samples of pasteurized milk were taken during the year. All the results were satisfactory.

A little raw milk is now being sold in the area.

Tests were made on 22 samples of milk in order to examine for the presence of tubercle bacilli. No tubercle bacilli were found.

Two samples of milk were found on analysis to contain 8 per cent of added water, each. Proceedings were taken against the vendor, resulting in fines of £5 plus £1/10/0 analyst fees.

## REPORT ON CHEMICAL ANALYSIS OF SAMPLE OF WATER

	Tap "A" Overnight Contact	Tap "B" 10-mins. Contact
Number of Sample	A.662	B.663
Date of Analysis	March 30th	April 2nd
Appearance in two foot tube	Brownish Very Turbid	Pale Green Clear
Colour (Burgess Scale) Units	130	30
Reaction, pH	6.8	6.8
Total Hardness	1.2	1.2
Poisonous Metals	Lead — Nil Iron — 0.08	Lead — Nil Iron — 0.02

### Remarks—

"A" — A very soft neutral water containing a fair amount of dissolved iron. The physical characters are unsatisfactory owing to the presence and subsequent oxidation of the dissolved iron causing discolouration, turbidity and sediment.

"B" — A very soft neutral water containing a small amount of dissolved iron. The physical characters are satisfactory.

## REPORT ON BACTERIOLOGICAL EXAMINATION OF WATER

Lab. Ref.	1991	1992
Date Received	13th May, 1953	13th May, 1953
Description of Sample	Station Cafe, Pontycymmer	40 Heol Pandy, Llangeinor
Probable number of coliform bacilli	0 Per 100 ml.	0 Per 100 ml.
Probable number of faecal coli.	0 Per 100 ml.	0 Per 100 ml.
Remarks	Satisfactory	Satisfactory



# RAINFALL RECORDS FOR THE YEAR ENDED 31st DECEMBER, 1953

Month	Merthyr- mawr 1	Bridgend 2	Schwyl 3	Llan- haran 4	St. Athan 5	Pwllwy 6	Maesteg 7	Blackmill 8	Ogmore Vale 9	Ponty- cymmer 10
January	1.67	1.77	1.69	1.88	0.95	1.38	2.84	1.29	3.53	3.07
February	1.97	2.36	2.28	3.57	1.39	2.80	5.70	3.27	5.53	5.58
March	1.72	1.82	1.65	2.23	0.99	1.69	3.93	2.97	5.72	5.12
April	3.68	3.55	3.32	3.81	3.30	3.92	4.49	3.36	5.89	5.64
May	2.44	3.32	3.43	3.48	2.45	3.01	5.08	3.94	6.24	5.32
June	3.07	2.78	2.91	3.13	2.03	2.63	4.06	2.24	4.22	3.68
July	5.84	5.97	5.61	6.22	4.53	6.29	11.01	7.82	13.02	12.93
August	6.56	6.42	4.82	7.39	4.92	6.58	9.32	7.44	10.60	10.26
September	4.82	5.42	5.45	6.56	2.99	6.79	6.90	6.11	8.85	8.50
October	2.63	2.95	2.44	3.90	2.44	3.27	5.25	3.64	4.98	5.55
November	4.31	3.74	4.03	4.25	2.77	3.88	7.12	4.80	9.19	7.63
December	2.34	1.83	1.96	2.39	1.74	1.70	2.74	1.62	2.92	2.83
Totals 1953	41.05	41.93	39.59	48.81	30.50	43.94	68.64	48.50	80.69	76.11
Totals 1952	43.83	44.94	47.52	51.26	42.93	45.54	68.22	†††††	80.84	74.14

†††—No Records available after June

By courtesy of—

H. W. ADAMS

(Manager and Clerk).

## AVERAGE ANNUAL RAINFALL

Southern Area (Cols. 1-6)	....	....	1951 47.94	1952 46.85	1953 40.93
Northern Area (Cols. 7-10)	....	....	81.82	74.40	68.48

## **WATER**

The supply of water was adequate in quality and quantity. 15 samples were taken of water going into supply of which three were unsatisfactory bacteriologically.

There is still plumbo-solvency at Cwm-Nant-y-ci which is treated with soda ash. Acidity tests are taken daily. The treatment gives satisfactory results.

At times the supply of water to John Street, Nantymoel and the Cwm, Nantymoel is not quite adequate but improvement here is anticipated.

During the year a transfer was made from the Gorwyl estate, Ogmore Vale, private source to the sources of the board. This involved 43 properties at Gorwyl Road, Spion Kop, Gwalia Buildings and the eastern side of Llewellyn Street. The transfer was made at the end of 1953, though notices given by the Gorwyl Estates indicated that the supply was to be discontinued from April 1st, 1954. In spite of the fact that a considerable amount of experimental work was necessary before the transfer could be made, this was completed earlier than anticipated.

The preceding are specimen sheets of chemical and bacteriological analysis carried out by the Public Health Laboratory Service, Cardiff.

## **HOUSING**

During 1953, 18 permanent houses were built and occupied at Glynllan and Llangeinor. 50 were partly completed and 356 were sanctioned but not commenced. Building Licences were granted to two private individuals.

The number sanctioned but not yet commenced are on the Bettws site. They are all of the pre-fabricated, concrete type. The houses are of many different styles, some three bedroomed and with a parlour, some two and three bedroomed "people's" houses without a parlour and some two and three bedroomed flats in fact all sizes and types of family house have been catered for.

The need for houses is very great as the subsidence in the upper part of each of the valleys is still continuing; some houses are fast becoming uninhabitable. The mountain behind Tymeinwr Avenue in Pontycymmer is slowly moving towards the houses and I fear that soon part of the street will have to be evacuated.

Inevitably the movement of population must be down the valley. However, although all the new houses are built on sites where the air is of the finest and the scenery of the most exquisite, many feel homesick for the bustle and neighbourliness of the more congested part of the valley. Indeed some have felt this nostalgia so acutely that they have relinquished their new home; while the comings and goings between the new sites and the upper part of the valleys are truly remarkable.

## HOUSING INSPECTIONS

### 1.—Inspections of dwelling houses during the year :—

(a) Total number of houses inspected for housing defects and number of inspections made .....	546
(b) Revisits .....	1,337
(c) Number of houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation .....	Nil
(d) Number of dwelling houses found not to be in all respects fit for human habitation .....	418

### 2.—Remedy of defects during the year without service of formal notice :—

(a) Number of houses rendered fit in consequence of informal action by the Local Authority or their Officers .....	190
--	-----

### 3.—Action under Statutory Powers :—

#### Proceedings under Housing Acts :

(a) Number of dwelling houses in respect of which notices were served requiring repairs .....	Nil
(b) Number of dwelling houses rendered fit after service of notices .....	Nil
(1) By Owners .....	Nil
(2) By Local Authority in default of owners .....	Nil

#### 4.—Proceedings under the Public Health Acts :—

(a) Number of dwelling houses in respect of which notices were served requiring defects to be remedied .....	163
(b) Number of dwelling houses in which defects were remedied	
(1) By Owners .....	158
(2) By Local Authority in default of owners .....	Nil

#### 5.—Demolition Orders :—

(a) Number of houses demolished .....	Nil
(b) Number of tenements in respect of which Closing Orders were made .....	Nil
(c) Number of houses Closed but not Demolished .....	Nil

### THE COAL-MINING SUBSIDENCE ACT

Two houses were demolished under this act as it was considered that repairs would be too expensive.

### SEWERS

The total sewers laid in 1953 were 3,383 yards, in the North Bettws housing site.

This was made up of :—

1,424 yards of 6 ins. Soil Sewer
1,179 yards of 6ins. surface water sewer
477 yards of 9 ins. surface water sewer
235 yards of 12 ins. surface water sewer
68 yards of 15 ins. surface water sewer

Work on the extension of the sewage disposal works at Shwt was started during 1953.

## THE SANITARY ADMINISTRATION OF THE AREA

The number of inspections and re-inspections made during the year was as follows :—

Visits to houses under the Public Health and Housing Acts	546
Revisits .....	1,337
Inspections of Milk Shop Dairies .....	58
Inspections of Slaughterhouses .....	560
Inspections of Workshops .....	147
Inspections of Bakehouses .....	96
Inspections of Ice Cream Dealers .....	184
Investigation and Visits re Infectious Diseases .....	56
Premises disinfected .....	42
Drains tested .....	3
Complaints investigated .....	327
Visits under Shops Act .....	95
Visits to Food Shops .....	163
Visits to Schools and Public Buildings .....	49
Investigations and inspection of Swimming Baths .....	31

### FACTORIES ACT, 1937 AND 1948

(a) Workshops where no mechanical power is employed :—

Motor Repairs .....	4
Boot Repairs .....	5
Carpenters .....	5
General Smiths .....	2
Watchmakers .....	4
Plumbers .....	5
Furniture Upholstery Repairs .....	2
Wireless Repairs .....	2

(b) Factories where mechanical power is employed :—

Motor Repairs .....	5
Carpenters .....	7
Boot Repairs .....	6
Electricity .....	2
Bakehouses .....	6
Bedding Factory .....	1
Slabbing Works for Tiled Fireplace Surrounds .....	1

# **FACTORIES ACTS, 1937 and 1948**

## **Part I of the Act**

**1.—INSPECTIONS** for purposes of provisions as to health (including inspections made by Sanitary Inspectors)

Premises	Number on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities .....	29	131	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority .....	28	72	—	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers premises)	—	—	—	—
<b>TOTAL</b> .....	<b>57</b>	<b>203</b>	<b>—</b>	<b>—</b>

**2—Cases in which DEFECTS were found**

Particulars	Found	Remedied	Referred To By H.M. H.M. Inspector Inspector		Number of cases in which prosecutions were instituted
Want of Cleanliness (S.1)	2	2	—	2	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6) .....	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient .....	1	1	—	1	—
(b) Unsuitable or defective .....	—	—	—	—	—
(c) Not separate for sexes .....	—	—	—	—	—
Other offences against the Act not including offences relating to Outwork) .....	—	—	—	—	—
<b>TOTAL</b> .....	<b>3</b>	<b>3</b>	<b>—</b>	<b>3</b>	<b>—</b>

**Part VIII**—There is one outworker in this Area who is knitting garments for a Glasgow Firm.



## PREMISES IN THE AREA ENGAGED IN THE SALE OR PREPARATION OF FOOD

Groceries and General Stores	.....	.....	.....	.....	60
Confectioners (including Cafés and pastry cooks)	.....				50
Butchers	.....	.....	.....	.....	23
Fried Fish	.....	.....	.....	.....	14
Greengroceries and Fish	.....	.....	.....	.....	14
Ice Cream Dealers	.....	.....	.....	.....	47
Licences under Section 14 of the Food and Drugs Act, 1938	.....	.....	.....	.....	61

## SLAUGHTER-HOUSES

A large amount of food has to be condemned in the slaughter-house as unfit for human consumption. Preventive measures could be taken to diminish the amount thus condemned by better liaison between Public Health Authorities and the Ministry of Agriculture and Fisheries. The function of the Public Health Authorities is to ensure that the public are supplied with good, uncontaminated food. They also have to ensure that the conditions under which slaughter-house employees work are entirely satisfactory. Thirdly, it is of paramount importance that the animals should be slaughtered in a humane fashion. The farm which produced the diseased beast should be traced, and the Animal Health Division should send a representative to interview and advise the farmer on prevention of further contamination.

Scientists should be sent to examine the land to see whether the infection has arisen from the soil. Healthy food comes from healthy animals, healthy animals from healthy land.

Young farmers are intensely interested in this side of food production and animal health.

In my opinion, greater facilities should be afforded them.

# MEAT.

## CARCASES INSPECTED AND CONDEMNED

---

The following table sets out the amount of meat seized, condemned and disposed of as unfit for human consumption during the year :—

			Cattle excluding Cows & Bulls	Cows and Bulls	Sheep and Lambs	Calves	Pigs
Number killed	....	....	605	174	5,228	130	519
Number inspected	....	....	605	174	5,228	130	519
<i>All Diseases except Tuberculosis</i>							
Whole Carcases condemned	....	—	—	1	7	—	—
Carcases of which some part or organ was condemned	....	....	115	76	3,186	—	3
Percentage of the number inspected affected with disease other than Tuberculosis	....	....	19%	44.3%	61%	—	.6%
<i>Tuberculosis Only</i>							
Whole Carcases condemned	....	2	2	3	—	—	5
Carcases of which some part or organ was condemned	....	....	325	83	—	—	6
Percentage of the number inspected infected with Tuberculosis	....	54%	54%	49%	—	—	2.1%

## FOODSTUFFS CONDEMNED

Carcases and Offals		Fruit Puddings .....	8 tins
Complete .....	6	Grapefruit .....	6 tins
Bovine Hindquarter.....	5	Hindquarter of	
Bovine Forequarter .....	6	Beef .....	75 lbs.
Bovine Livers .....	357½	Herrings .....	6
Bovine Lights .....	218	Ham .....	92 lbs.
Bovine Heads .....	91	Luncheon Meat .....	191 tins
Bovine Hearts .....	36	Minced Beef Loaf	98 tins
Bovine Tails .....	2	Milk .....	200 tins
Bovine Melts .....	7	Oranges .....	24 tins
Bovine Skirts .....	5	Pears .....	114 tins
Sheep Carcases .....	8	Peaches .....	83 tins
Sheep Plucks .....	525	Pastes Meat & Fish	37 jars
Sheep Livers .....	368	Plums .....	30 tins
Leg of Lamb .....	1	Pineapples .....	84 tins
Pig Carcases .....	5	Peas .....	143 tins
Pig Livers .....	1	Purree .....	2 jars
Cake Flour .....	21 pkts.	Pickled Onions .....	4 jars
Apricots .....	66 tins	Pilchards .....	13 tins
Baked Beans .....	67 tins	Raspberries .....	32 tins
Beetroot .....	12 tins	Stewed Steak .....	69 tins
Billberries .....	11 tins	Sardines .....	30 tins
Beef Steak Pudding	5 tins	Stews .....	9 tins
Blackcurrants .....	3 tins	Strawberries .....	19 tins
Corned Beef .....	3 tins	Soups .....	1 tin
Cream .....	56 tins	Silds .....	13 tins
Cheese .....	225½ lbs.	Tomatoes .....	338 tins
Carrots .....	7 tins	Tongues .....	31 tins
Cherries .....	22 tins	Assorted receptacles	
Fruit Salad .....	3 tins	of foodstuffs .....	2616

## SAMPLES TAKEN UNDER THE FOOD AND DRUGS ACT, 1938

Samples taken by the County Sanitary Inspector in the Area of the Ogmore and Garw Urban District during the year ended 31st December, 1953.

Milk	.....	.....	159	Yorkshire Pudding and	
Sauce	.....	.....	4	Pancake Mixture	1
Sponge Mixture	.....	.....	6	Baking Powder	1
Shredded Beef Suet	.....	.....	2	Double Cream	1
Meat Paste	.....	.....	3	Ice Cream	12
Table Jelly	.....	.....	5	Salt Extract	1
Cake Flour Mixture	.....	.....	5	Lemon Flavouring Essence	1
Butter	.....	.....	4	Rum Flavouring Essence	1
Rice	.....	.....	1	Marshmallow Creme	1
Olive Oil	.....	.....	1	Dessert Powder	2
Tapicoa Pudding Mixture	.....	.....	2	Coffee and Chicory	1
Ginger Wine	.....	.....	1	Gravy Browning	1
Salad Oil	.....	.....	1	Condensed Milk	2
Cornflour	.....	.....	1	Gelatine	1
Self Raising Flour	.....	.....	3	Tea	1
Table Dessert	.....	.....	2	Honey	1
Bicarbonate of Soda	.....	.....	2	Canned Sterilised Cream	2
Blancmange Powder	.....	.....	3	Meat Paste	1
Canned Soup	.....	.....	1	Vitamin Capsules and	
Canned Steak	.....	.....	1	Tablets	3
Saccharin Tablets	.....	.....	2	Glycerin	1
Canned Fish	.....	.....	2	Chemical Food	1
Custard Powder	.....	.....	1	Pepper Flavoured	
Sherbert	.....	.....	1	Compound	1
Vinegar	.....	.....	3	Halibut Oil Capsules	1
				Total	254

## RODENT WORK DURING 1953

Dwelling Houses	.....	.....	.....	145
Businesses	.....	.....	.....	21
Local Authority Premises	.....	.....	.....	17

Type of infection :—

Major	.....	.....	.....	.....	Nil
Minor	.....	.....	.....	.....	183

## **Period One**

- 1.—Total number of manholes in foul and connected systems—  
1938
- 2.—Treatment No. — 2
- 3.—Dates of Treatment—2nd February, 1953—27th March, 1953
- 4.—Bait base and poison used—Sausage Rusk and Zinc Phosphide
- 5.—Number of Manholes baited — 423
- 6.—Number of Manholes showing prebait take — 219
- 7.—Number of Manholes showing complete prebait take — Nil  
(on one or both days)
- 8.—Scheme of baiting used — 1st, 3rd and 5th days
- 9.—Number of manholes test baited in conjunction with this  
treatment and not included in No. 5 above — 204

## **Period Two**

- 1.—Total number of manholes in foul and connected systems—  
1938
- 2.—Treatment No. — 1
- 3.—Dates of Treatment—31st August, 1953—9th October, 1953
- 4.—Bait base and poison used — Bread Mash and Arsenic
- 5.—Number of Manholes baited — 649
- 6.—Number of Manholes showing prebait take — 256
- 7.—Number of manholes showing complete prebait take — Nil  
(on one or both days)
- 8.—Scheme of baiting used — 1st, 3rd and 5th days
- 9.—Number of manholes test baited in conjunction with this  
treatment and not in No. 5 above — 132

# CAUSES OF DEATH IN THE OGMORE AND GARW AREA DURING 1953

	<i>M</i>	<i>F</i>
1.—Tuberculosis (Respiratory) .....	6	1
2.—Tuberculosis (Other forms) .....	0	2
3.—Syphilitic Diseases .....	1	0
4.—Diphtheria .....	0	0
5.—Whooping Cough .....	0	0
6.—Meningococcal Infections .....	0	0
7.—Acute Poliomyelitis .....	0	0
8.—Measles .....	0	0
9.—Other infective and parasitic diseases .....	2	1
10.—Malignant neoplasm, stomach .....	7	4
11.—Malignant neoplasm, lungs, bronchus .....	2	0
12.—Malignant neoplasm, breast .....	0	4
13.—Malignant neoplasm, uterus .....	0	2
14.—Other malignant and lymphatic neoplasms .....	15	8
15.—Leukaemia, aleukaemia .....	0	1
16.—Diabetes .....	0	0
17.—Vascular lesions of nervous system .....	12	10
18.—Coronary disease, angina .....	21	11
19.—Hypertensions with heart disease .....	4	1
20.—Other heart diseases .....	26	34
21.—Other circulatory diseases .....	5	0
22.—Influenza .....	0	2
23.—Pneumonia .....	6	2
24.—Bronchitis .....	13	3
25.—Other diseases of respiratory system .....	7	1
26.—Ulcer of stomach, duodenum .....	0	1
27.—Gastritis, Enteritis and Diarrhoea .....	0	1
28.—Nephritis and Nephrosis.....	2	0
29.—Hyperplasia of prostate .....	1	0
30.—Pregnancy, Childbirth, Abortion .....	0	0
31.—Congenital Malformation .....	0	1
32.—Other defined and ill-defined causes .....	15	12
33.—Motor vehicle accidents .....	1	1
34.—All other accidents .....	4	3
35.—Suicide .....	1	0
36.—Homicide and operations of war .....	1	0
	<hr/> 152	<hr/> 106

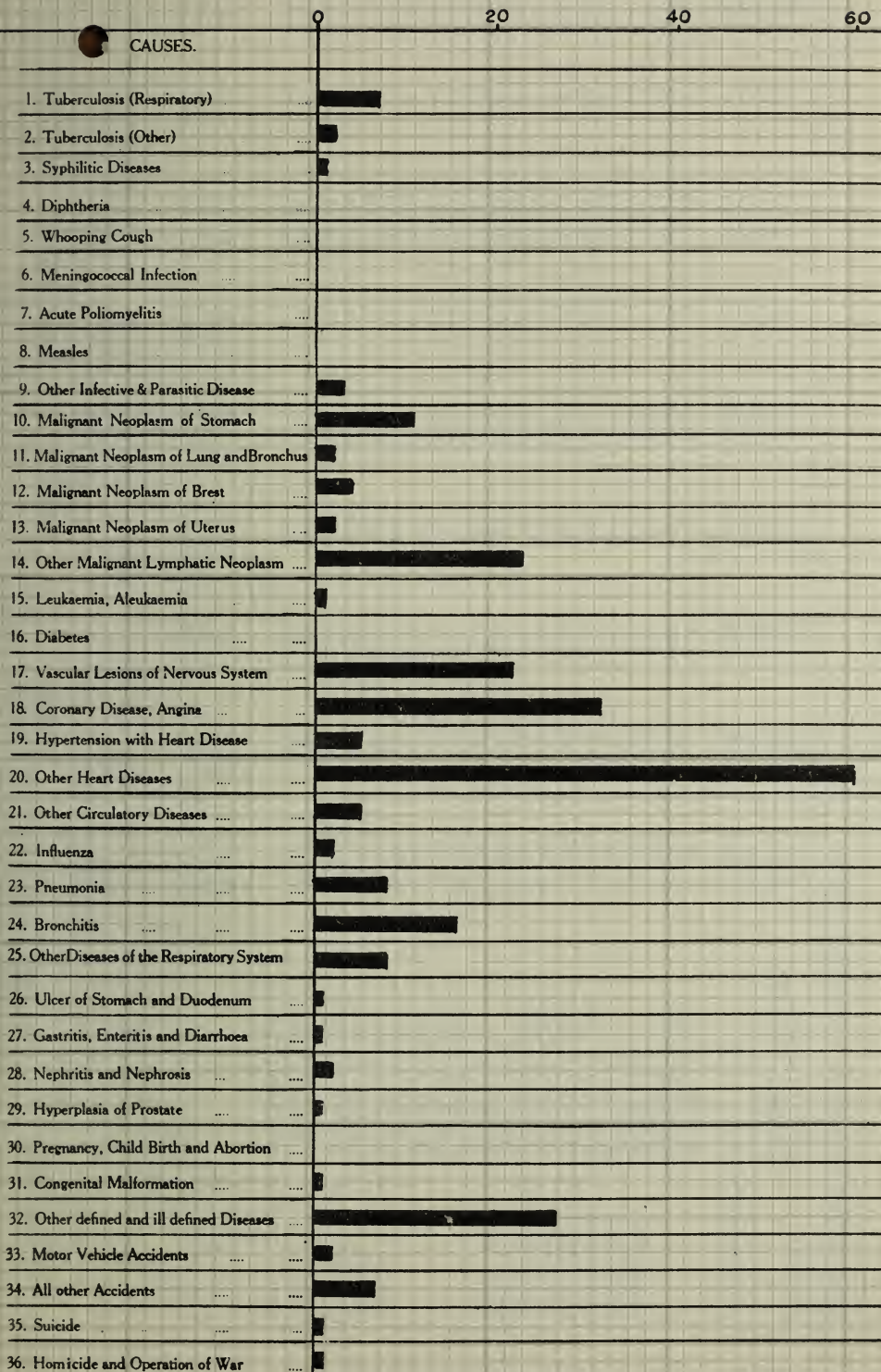


1953

## CAUSES OF DEATH

NUMBERS

CAUSES.





	Estimated Population 1953		Births		Deaths		Infant Mortality		Neo Natal Mortality	
	Number of Births	Rate per 1,000 Population	Number of Deaths	Rate per 1,000 Population	Deaths under 1 year	Rate per 1,000 Live Births	Deaths under 4 weeks	Rate per 1,000 Live Births		
England and Wales										
Administrative County	736,300	11,897	8,673	11.78	371	31.18	230	19.33	17.7	
Urban Districts	533,100	8,728	6,363	11.94	254	29.10	156	17.87	17.87	
Rural Districts	203,200	3,169	2,310	11.37	117	36.92	74	23.35	23.35	
Health Division										
Constituent Districts										
Aberdare and Mountain Ash	40,700	552	600	14.74	17	30.80	14	25.36	17.14	
Caerphilly and Gelligaer	30,970	525	349	11.27	13	24.76	9	17.14	12.05	
Mid-Glamorgan	36,550	735	339	9.27	27	36.73	15	20.41	31.63	
Bridgend Urban	35,980	664	389	10.81	21	31.63	8	12.05	31.25	
Maesteg Urban	13,770	224	137	9.95	9	40.18	7	31.25	21.28	
Ogmore & Garw Urban	22,880	423	252	11.01	14	33.10	9	24.00	28.78	
Porthcawl Urban	375	139	258	11.51	16	42.67	9	20.55	13.39	
Penybont Rural	9,781	139	134	13.70	19	43.17	4	17.87	17.14	
Neath and District	35,250	584	456	12.94	19	32.53	12	20.55	37.34	
Pontypridd and Llantrisant	31,590	448	355	11.24	8	17.86	6	13.39	19.53	
Port Talbot and Glyncorrwg	41,200	616	448	10.87	31	50.32	23	37.34	13.82	
Port Talbot M.B.	25,570	512	263	10.29	20	39.06	10	19.53	14.35	
South East Glamorgan	38,200	579	645	16.88	11	19.00	8	13.82	19.26	
Barry M.B.	9,490	183	101	10.64	8	43.72	3	16.39	12.42	
Cardiff Rural	45,170	836	501	11.09	16	19.14	12	14.35	—	
Cowbridge M.B.	41,160	727	402	9.77	22	30.26	14	19.26	15.48	
Cowbridge Rural	36,550	483	461	12.61	8	16.56	6	12.42	3.15	
Penarth Urban	1,029	12	12	11.66	—	—	—	—	19.70	
Gower Rural	20,830	323	120	5.76	8	24.77	5	15.48	15.48	
Llwehwr Urban	18,760	317	221	11.78	3	9.46	1	3.15	31.25	
Pontardawe Rural	11,630	203	137	11.78	9	44.33	4	19.70	19.21	
Rhondda	25,550	323	267	10.45	12	37.15	5	15.48	18th May, 1954.	
	32,170	448	425	13.21	22	49.11	14	31.25		
	109,100	1,666	1,401	12.84	51	30.61	32	19.21		
Public Health Department, County Hall, Cardiff.										



